



FAMILY FOSTER HOME REQUEST TO CLOSE
PLEASE COMPLETE AND RETURN TO KDHE

Name of Licensee (**exactly as it appears on the license**) License/Approval Number

(_____) _____
Address City Zip County Telephone Number

Please place a check mark next to all items that apply. Please include any other information which you would like us to know in the COMMENTS section.

I. General Reasons for Request to Close

- ____ Change in Family Composition
- ____ Changed to Adoptive Status
- ____ Family Health Problems
- ____ Family Needs Not Compatible with Foster Care Program
- ____ Foster Care Child No Longer in Care
- ____ Foster Care Children Too Difficult
- ____ Moved
- ____ Require Relief from Foster Care
- ____ Other [Please specify] _____

II. Problems with Environmental Deficiencies

- ____ Home Repairs (painting, plaster, remodeling)
- ____ Unfenced Yard
- ____ Water System
- ____ Other [Please specify] _____

III. Problems with Licensing Procedures

- ____ Too Long to Obtain License
- ____ Too Much Paper Work
- ____ Visits from More Than One Agency
- ____ Other [Please specify] _____

IV. Problems with Placement Services

- ____ Agency Supervision
- ____ Conflict with Agency Staff
- ____ Decisions Regarding Foster Children
- ____ Lack of Agency Contact
- ____ Lack of Agency Support
- ____ No Children Placed
- ____ Too Many Children Placed
- ____ Insufficient, Late, or Delayed Payment
- ____ Other [Please specify] _____

V. Problems with Community Services

- ____ Foster Care Child(ren) Not Accepted by Own Child(ren)
- ____ Mental Health Counseling Unobtainable
- ____ Special Education Difficult to Obtain
- ____ Natural Family Visits Too Upsetting
- ____ Other [Please specify] _____

VI. Notification.

- ____ I/we have notified the CPA
- ____ I/we have not notified the CPA as yet, but I/we will do so within 24 hours.

COMMENTS:

Signature of Foster Parent Completing Form

Date

Co-licensee Signature

Date